

Romidepsin: **Istodax[®]; Romidepsin (liquid)** **(Intravenous)**

Document Number: IC-0217

Last Review Date: 10/01/2021

Date of Origin: 07/29/2014

Dates Reviewed: 07/2014, 07/2015, 10/2016, 10/2017, 11/2018, 11/2019, 09/2020, 10/2021

I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC unit]:

- Istodax kit (contains a single-use 10 mg vial): 12 vials every 28 days
- Romidepsin 27.5 mg/5.5 mL solution for injection: 4 vials every 28 days
- Romidepsin 10 mg/2 mL solution for injection: 1 vial every 28 days

B. Max Units (per dose and over time) [HCPCS Unit]:

Maintenance Dose:

- 400 billable units on days 1, 8, and 15 of a 28-day cycle

III. Initial Approval Criteria

Coverage is provided in the following conditions:

- Patient is at least 18 years old; **AND**

Universal Criteria

- Used as single-agent therapy; **AND**

T-Cell Lymphoma † ⊕ ^{1,2,3}

- Peripheral T-cell Lymphoma (PTCL) (Non-Cutaneous)
(Including: Anaplastic large cell lymphoma; Peripheral T-cell lymphoma not otherwise specified; Angioimmunoblastic T-cell lymphoma; Enteropathy-associated T-cell lymphoma; Monomorphic epitheliotropic intestinal T-cell lymphoma; Nodal peripheral T-cell lymphoma with TFH phenotype; Follicular T-cell lymphoma; Extranodal NK/T-Cell Lymphoma (nasal type); Hepatosplenic Gamma-Delta T-Cell Lymphoma)
 - Patient has failed previous therapy; **OR**

- Used as initial palliative intent therapy
- Cutaneous T-cell Lymphoma (CTCL)
 - (Including: Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders [primary cutaneous anaplastic large cell lymphoma], Mycosis Fungoides/Sezary Syndrome)
 - Patient has failed prior systemic therapy; **OR**
 - Used as primary treatment for Mycosis Fungoides/Sezary Syndrome in patients without stage IA disease with B1 blood involvement ‡

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria

Authorizations can be renewed based on the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: hematological abnormalities (e.g., neutropenia, lymphopenia, anemia, leukopenia, thrombocytopenia, etc.), severe infections, severe tumor lysis syndrome, and ECG T-wave and/or ST-segment changes, etc.

V. Dosage/Administration

Indication	Dose
T-cell lymphomas	Recommended dose is 14 mg/m ² administered intravenously on days 1, 8, and 15 of a 28-day cycle, repeat cycles until disease progression or intolerable toxicity.

VI. Billing Code/Availability Information

HCPCS Code:

- J9315 – Injection, romidepsin, 1 mg; 1 billable unit = 1 mg (*Discontinue use on 10/01/2021*)
- J9319 – Injection, romidepsin, lyophilized, 0.1 mg; 1 billable unit = 0.1 mg (*Effective 10/01/2021*)
- C9065 – Injection, romidepsin, non-lyophilized (e.g. liquid), 1 mg; 1 billable unit = 1 mg (*Discontinue use on 10/01/2021*)
- J9318 – Injection, romidepsin, non-lyophilized, 0.1 mg; 1 billable unit = 0.1 mg (*Effective 10/01/2021*)

NDC:

- Istodax kit (single-use 10 mg vial): 59572-0984-xx

- Romidepsin 27.5 mg/5.5 mL solution for injection: 00703-4004-xx
- Romidepsin 10 mg/2 mL solution for injection: 00703-3071-xx

VII. References

1. Istodax [package insert]. Summit, NJ; Celgene, November 2018. Accessed August 2020.
2. Romidepsin [package insert]. North Wales, PA; Teva Pharmaceuticals. March 2020. Accessed August 2020.
3. Referenced with permission from the NCCN Drugs and Biologics Compendium (NCCN Compendium®) romidepsin. National Comprehensive Cancer Network, 2020. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2019.
4. Whittaker SJ, Demierre MF, Kim EJ, et al. Final results from a multicenter, international, pivotal study of romidepsin in refractory cutaneous T-cell lymphoma. *J Clin Oncol.* 2010 Oct 10;28(29):4485-91. doi: 10.1200/JCO.2010.28.9066. Epub 2010 Aug 9.
5. Bates SE, Eisch R, Ling A, et al. Romidepsin in peripheral and cutaneous T-cell lymphoma: mechanistic implications from clinical and correlative data. *Br J Haematol.* 2015 Jul;170(1):96-109. doi: 10.1111/bjh.13400. Epub 2015 Apr 19.
6. Piekarcz RL, Frye R, Turner M, et al. Phase II multi-institutional trial of the histone deacetylase inhibitor romidepsin as monotherapy for patients with cutaneous T-cell lymphoma. *J Clin Oncol.* 2009 Nov 10;27(32):5410-7. doi: 10.1200/JCO.2008.21.6150. Epub 2009 Oct 13.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.10	Sézary disease, unspecified site
C84.11	Sézary disease, lymph nodes of head, face, and neck
C84.12	Sézary disease, intrathoracic lymph nodes

ICD-10	ICD-10 Description
C84.13	Sézary disease, intra-abdominal lymph nodes
C84.14	Sézary disease, lymph nodes of axilla and upper limb
C84.15	Sézary disease, lymph nodes of inguinal region and lower limb
C84.16	Sézary disease, intrapelvic lymph nodes
C84.17	Sézary disease, spleen
C84.18	Sézary disease, lymph nodes of multiple sites
C84.19	Sézary disease, extranodal and solid organ sites
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not classified, spleen
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes

ICD-10	ICD-10 Description
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Articles (LCAs) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCA/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)

Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC